

BRIEF REPORT

CANCEROUS DISEASES: SELF-EVALUATION AND THE PROBLEM OF INFORMING THE PATIENT OF THE DISEASE

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In discussions concerning cancerous diseases it is difficult for a psychologist to engage in just a certain aspect or detail of the illness itself or the patient's psychic reaction to it.

The issue of informing the patient about the true diagnosis, although broadly described in the literature, remains an open problem for at least two reasons:

1. There is a commonly held public belief that medicine has not made much progress in the treatment of cancerous diseases to date.
2. A vast majority of people continue to consider malignancy as tantamount to a death sentence, different in its imminence as may be, but all the same inevitable.

We often meet with scholarly interpretations of this problem calling for an individual psychological approach to each patient. Of course, an ideal solution would be to employ in oncology wards experienced clinical psychologists who could take up the task themselves. This does not usually happen, however, and that is why not only psychologists, but also doctors and hospital staff should be given appropriate advice so they can rise to the occasion to the best of their ability.

Generally, it must be stated that in the Polish health care system the "do not inform" principle is quite commonly accepted. This is rather unfortunate in the light of the following considerations:

1. By treating people in this way we neglect the extent of patient's intuitive knowledge about the disease.
2. Withdrawal of information from the patient leads to his growing distrust towards doctors and eventually to his conviction that the disease is probably incurable and fatal.

It seems that it is much easier to apply different forms of direct or indirect psychotherapy to a patient who knows the true diagnosis, prognosis, course of treatment, etc. However, without prior diagnostic procedures the problem in question becomes insoluble.

Cancerous diseases and the associated situations cause a heavy burden to patient's emotional sphere. The reactions which follow are almost always negative, with fear and anxiety being the dominant syndromes.

A psychologist or a doctor must know whether he can tell the truth and when and how to tell it.

A group of patients with various kinds of cancer were subject of our study. The focus was on cognitive rather than statistical aspects of the study, so we ignored the age, sex and the degree of the disease according to developmental criteria. Besides, the adopted approach of a "casual event study" was highly individualized and time consuming, which made it unfeasible for statistical analysis.

Half of the 42 patients under investigation were informed of the diagnosis to a satisfactory degree. The average age of this group -47 years. The starting point for us was to delimit the following eight periods within human life:

1. Childhood
2. Adolescence
3. The period of professional work
4. The act of marriage
5. Formation of a family
6. Fulfilment of one's lifetime goals
7. THE ILLNESS
8. The period of the illness according to the patient's opinion as to which of the three spheres his prognosis should be assigned to:
 - a) The sphere of success (score 3),
 - b) The sphere of limited success (score 2),
 - c) The sphere of misfortune (score 1).

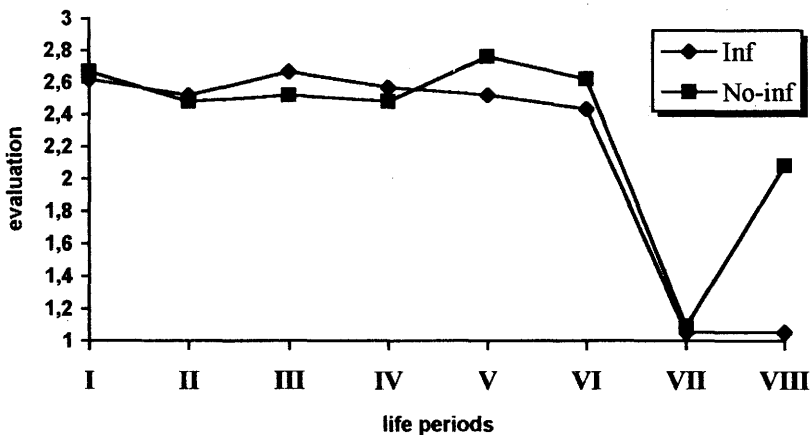
In the course of the study by the casual event approach an evaluation of the relevant period was performed by the patient himself (or by the psychologist familiar with the patient's statement).

The results of the study are presented in a graphic form below:

Average scores for patients in groups of success, limited success and misfortune in the eight periods of life

Periods of Life	Patients Uninformed	Patients Well-informed
Childhood	2.62	2.67
Adolescence	2.52	2.48
Professional work	2.67	2.52
Marriage	2.57	2.48
Formation of Family	2.52	2.76
Goals Fulfilment	2.43	2.62
Illness	1.05	1.09
Information (self-evaluation)	1.05	2.08

Average scores for patients in groups of success, limited success and misfortune in the eight periods of life



INF: patients informed of their diagnosis; NO-INF: patients uninformed of their diagnosis

The diagrams of average results for the two groups of patients differ significantly only for one of the relevant periods, i.e. Period VIII, which represents subjective evaluation of one's chances (at significance level of $p < 0.001$).

Thus, we come to the assertion that has already been signalled, namely, that almost all the patients who have been informed about their disease place the period of illness in the sphere of a limited success. This observation creates, in our opinion, a promising avenue for a more successful psychological and medical therapy. We have noticed, moreover, that conversations with patients having a rather complete picture of their illness proceeded quite differently than those with the unaware of their true state. The informed group was eager not only to accept the medical measures, but even co-operate with the doctors in the common fight against the illness.

And what more can one expect from a terminally ill patient?

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